Exhibit E

Deposition of:

Suzanne Parisian , M.D.

June 21, 2017

In the Matter of:

In Re: Bard IVC Filters Products Liability

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regulatory opinions are.

Q. And -- and what percentage of cases would you estimate that you reviewed that -- that you do not take?

A. Well, I'm trying to retire, believe it or not, and so I'm trying to take fewer -- fewer -- I -- I don't even take -- consider cases as a rule.

And so at one period of time, it would have been about maybe 1 percent. But as you become a -- a plaintiffs' expert, you tend to get asked less and less also to look at cases for manufacturers, but...

Q. And what do you attribute that to?

A. Well, you know who the people are who tend to take plaintiffs' cases and the other side knows who takes defense cases. So they tend to keep you in your -- in your avenue.

But I have agreed in the early days to take drug cases, I've said that there's nothing wrong with the label, and they usually don't go anywhere in terms of those cases.

And so I would say that at one point, it would have been maybe -- maybe 5 percent that -- and I do turn cases down that I say, "No, I don't want to do those," and that would be maybe about -- maybe

5 or 6 percent in terms of, "I don't think there's a role in this case for me," so I've turned them down.

Q. And did I understand you correctly that at -- at present, the percentage of cases that you say that you review and you turn down is about 1 percent?

A. No. I would say now it would be about 5 percent. It's getting higher, but it's about 5 percent. I've returned -- I've turned down a case because I didn't think I could support it. Now I turn down cases because I'm trying to retire.

But at -- at one point in time, I -- there were cases that I would say, "No, I don't see that I want to take this case."

Q. Do you have a specific time that you plan to retire?

A. I -- three years ago. Three years ago I planned to retire. So, you know, I'm trying to cut down.

And many of these cases, you'll see I got deposed over and over again for a case that's been going on for years. So that's the answer is, yeah, three years ago I was ready to retire.

Q. But you are not at a point where you are not accepting new matters; is that correct?

EVEREST trial?

A. Yes, sir.

Q. And would that also be true for the Denali filter, you know, for the clinical data that's reported in regard to that IFU?

A. Yes, because there's a section where they actually go through the clinical data.

But in terms of the indications for use, there's no statement as to removal time recommendation.

Q. And, Dr. Parisian, you're familiar with -- and I think you brought them with you -- the FDA Safety Communications --

A. Yes, sir.

Q. -- from 2010 to 2014?

A. Right. But also the reason why this is important is because it was cleared as a permanent filter and internally the company knew it did not behave as a permanent filter.

So if the FDA clears something with no indwell time, it's assumption that the company has shown that it can be a permanent filter. So that would then color the clearance by the FDA allowing to have the indwell time.

So, you know, I think everything hinges on

the Simon Nitinol filter that this is not -- that the internal documents did not support it was a permanent filter -- it was suitable for a permanent filter.

MR. ROGERS: All right. Move to strike as nonresponsive.

Q. (By Mr. Rogers) Dr. Parisian, to go back to my question that I started, the FDA Safety Communications from 2010 and 2014 --

A. Right.

Q. -- they don't reference anything in those communications about indwell time ranges; is that correct?

A. Well, let's see. Well, the 2- -- actually, the 2013 Morales published article does talk about recommendations for removing these filters, and they do talk about removal in 29 to 54 days after implantation.

So the FDA is involved -- did I answer -- did -- I don't know if I understood your question.

Q. Well --

A. You might want to ask --

Q. -- you're talking about the Morales article; correct?

A. Well, yes. In the -- 2014, FDA is telling

sense?

Q. I'm not sure I understand what you're saying.

A. Yeah. I saw the validation and I saw it when they used it in the Denali.

And so, you know, my purpose is not to talk specifically about the testing method, but that it was something that the company knew about. It was something that you would -- if you're going to say you're adhering to the FDA's guidance document, recommendations, that you would have to adhere to.

So it's more in the regulatory context, not in the -- not as a biomaterials person. But in terms of the company knew that they had this issue and then what they did in 2010, they relied on the same issue for the Denali.

And I describe what the issue was and -- and I talk about it particularly in paragraph 22. Then I talk about it in paragraph 23, specifically in terms of the FDA's 1999 guidance, which would be the regulatory arm.

So, yes, I saw that and -- and what the FDA was asking for in their guidance and what the company was doing internally to have looked at this. So it was -- it was being given not as a

biomaterials person, but as a regulatory person.

Q. And as a regulatory person, would you agree with me that after this particular anchor fractured at the welding joint, that Bard investigated that and came up with a validated process for the welding function?

A. Well, it came up with a validated process, which they used for Denali, but the question is: Is it effective? I mean, you can validate a process, but it doesn't mean that you have an effective -- have an effective process. You can go through and make the paperwork.

And so that's what I'm talking about here in terms of their fatigue testing, was it actually effective versus validated. Because lots of people validate stuff that is not very effective.

Q. So do you have an opinion that this particular welding process was not effective?

A. Let's see what my opinion is.

Oh, look at paragraph 25, that they should have compared this to the SNF in terms of -- remember, this -- Meridian, Recovery, are all compared to SNF. And so my paragraph 25 is saying that if you're substantially equivalent to the SNF, you needed to validate that it actually performed